

NOTICE OF INDEPENDENT REVIEW DECISION

May 23, 2003

RE: MDR Tracking #: M2-03-0961-01
IRO Certificate #: IRO4326

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ____ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained an injury at work on ____ while unloading cases of liquid detergent. She felt a pull in the left lower back radiating down the left lower extremity. She underwent a left L4-5 microdiscectomy on 01/29/02. Her post-operative course was uneventful but lengthy due to pain and mobility problems. The patient entered into a chronic pain management program approved for 10 days.

Requested Service(s)

Chronic pain management program

Decision

It is determined that the first 20 sessions of the chronic pain management program were medically necessary to treat this patient's condition. However, it is determined that the additional 10 requested sessions of the chronic pain management program was not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient had persistent lower back and leg pain eight months after her surgery that did not respond to medication. Her functional capacity evaluation (FCE) revealed that she was functioning at the sedentary physical demand level. The patient was referred to a pain management specialist who recommended active rehabilitation and facet injections for her back pain. A chronic pain assessment conducted on 01/17/03 revealed that the patient had depression, anxiety, and chronic pain. The patient began a chronic pain management program on 01/03/03. A review of the patient's self-reported pain scores from the program revealed no change in the self-reporting pain scores and minimal changes in the stress and depression indices.

The patient in this case was referred to the chronic pain management program ____ months after her date of injury and her response to her first six weeks of the program did not demonstrate that an additional 10 visits would be of any clinical benefit.

Jankus et al. conducted a study to determine long-term efficacy of an outpatient interdisciplinary pain treatment and management program for injured workers with chronic pain, and to determine if those referred earlier after injury are more likely to benefit. Ninety-one questionnaires were completed a median of 36 months following program completion. Ninety-three percent of patients reported improvements in pain symptoms at the time of program discharge and 76% reported maintenance or improvement of pain level between discharge and the time of survey. Of those not working at the time of initial evaluation, 74% reported return to work or current involvement in a retraining program. Patients referred less than or equal to 12 months after injury reported greater mean pain improvement and were significantly more likely to return to work. (Jankus WR, Park TJ, VanKeulen M, Weisenel M., *"Interdisciplinary treatment of the injured worker with chronic pain: long term efficacy"*, *Wis Med J* 1995;94(5):244-9).

Therefore, it is determined that the first 20 sessions of the chronic pain management program were medically necessary. However, it is determined that the additional 10 requested sessions of the chronic pain management program were not medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 23 rd day of May 2003.
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